



Information About You

Name _____

Address _____

Birth Date _____ Blood Type _____ Weight _____ Height _____

Pharmacy _____ Phone _____

Primary Care Physician _____ Phone _____

Other Physicians _____ Phone _____

or Specialists _____ Phone _____

Emergency Contact _____ Phone _____

Medical Conditions

☐ Asthma ☐ Heart Disease ☐ Diabetes ☐ High Blood Pressure

☐ Cancer ☐ Kidney Disease ☐ Other _____

Important Health Care Documents

☐ Health Care Proxy
Location of Document _____

☐ Health Care Durable Power of Attorney

☐ Interested in Organ or Tissue Donation

Over-the-Counter Medications

☐ Allergy Relief/Antihistamines ☐ Diet Pills

☐ Cough/Cold Medications ☐ Herbal/Dietary Supplements

☐ Aspirin/Other for Pain/Headache/ Fever ☐ St. John's Wort

☐ Antacids ☐ Gingko Biloba

☐ Laxatives ☐ Kava Kava

☐ Sleeping Pills ☐ Other (be sure to list on Medication list)

Questions to Ask My Doctor

Vaccinations (please note the date of the immunization)

Influenza _____ Pneumococcal _____

MMR _____ Tetanus/Diphtheria _____

Health Insurance Plans

Discontinued Medications/Products (due to Allergies, Side Effects, or Reactions)

Medication/Food/Environment that cause the reaction	Allergy, Side Effects, Reaction or Intolerance Experienced (symptoms, severity)	Date (mm/yy)

MEDICATIONS

Please use pencil to complete this form.

Patient Name

Start Date	Name of Medication	Prescribed By	Dosage	When is the Medication Taken	Purpose	Danger Signs*	Stop Date	Monitoring Required	Notes/ Changes
mm/dd/yy	Brand and Generic name (If available)		mg/ units/ puffs/ drops	How many times per day? Morning and/or night? After meals?		Call Immediately if you experience any of these signs	mm/dd/yy	e.g. lab test every ____ weeks	Patient Have you experiences any side effects? If stopped taking, why? <u>Doctor</u> Identify drugs and/or food that may cause interactions? Date list was reviewed/updated
1/01/06	Medication ABC	Dr. ABC	5 mg	2 times, morning and night	Ulcer			Blood Test Every 4 weeks	6/15/06 – Reviewed by Dr. ABC, Changed Dosage to 10mg

* Always refer to physician and pharmacist input and the detailed drug sheets provided with each medication for a complete list of potential side effects/danger signs/interactions. Whenever you see a doctor, including your primary care physician and any specialists, review and update this medication list. After any hospitalization, check with your doctor to review this medication list.